

MONITORING REPORT ADULT DAY CARE AND ADULT DAY HEALTH
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DATE OF VISIT: _____

I. PROGRAM: _____ COUNTY: _____

II. TYPE OF VISIT: () Announced () Unannounced TIME OF VISIT: _____

III. ENROLLMENT: # Full-time ____ # Part-Time ____ Month Reviewed _____

ATTENDANCE: # Participants at time of visit ____ # of Staff _____

IV. CONCERNS FROM PREVIOUS VISIT: _____

Have these concerns been resolved? () YES () NO (If no, complete DSS Form 6215)

Personnel [10A NCAC 06R .0305 and 06S .0201, .0203, and .0204] – <u>Standards</u> , Pages 7 - 14
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Yes	No	N/A	
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| () | () | Staff positions planned and filled according to program goals and manpower. |
| () | () | Staff are competent, ethical and qualified for the position held. |
| () | () | Written job description for each position specifying: qualifications of education, experience and personal traits; to whom employee is responsible; duties and responsibilities; and salary range. |
| () | () | References required in recruitment of staff. |
| () | () | Review process for each employee is established and is being conducted. |
| () | () | Provision in place for orientation and staff development of new employees and volunteers, and ongoing development and training of all staff. |
| () | () | Minimum of one substitute staff person with same qualifications, training and personal credentials as regular staff is available in the absence of regular staff. |
| () | () | Medical statement showing employee is free from communicable disease or condition prior to beginning work and annually thereafter. |
| () | () | Staffing pattern is adequate to meet program goals and objectives. Minimum 1:6 for Adult Day Care Homes and Adult Day Health Combination programs; 1:8 for Adult Day Care Centers; and 1:5 for Adult Day Health Centers and Adult Day Health Homes. |
| () | () | Program has a full-time Director or Director/Health Care Coordinator |
| () | () | () |
| () | () | If enrollment is greater than 10 and the program is a Day Health or combination Adult Day Care/Day Health, the Program Director and Health Care Coordinator are two separate positions. |
| () | () | Program Director has authority and responsibility for program management. |

Continued on Back

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes, No, or N/A* (not applicable). If no, provide explanation.

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Personnel (Continued)

Yes No N/A

() ()

Program Director meets minimum qualifications (when position is combined as Director/Healthy Care Coordinator, qualifications outlined in the Standards for Health Care Coordinator must also be met) [10A NCAC 06R .0305(d) and 06S .0204(a), Standards, page 8]:

- ☐ At least 18 years of age;
- ☐ At least two years formal post secondary education or high school education and a minimum of two years of experience and training in services to elderly or handicapped adults;
- ☐ At least one year of human services work experience and demonstrated ability in supervision and administration;
- ☐ Medical report presented prior to employment and annually thereafter;
- ☐ At least three current reference letters or the names of individuals with whom a reference interview can be conducted;
- ☐ Governing body considered characteristics specified in Standards (page 9) in employing Director

For programs using volunteers:

- () () () Volunteers have a written description of duties and responsibilities.
- () () () Volunteers are provided orientation and training to the program.
- () () () Paid staff are provided required information regarding volunteers and are involved in writing volunteer duties.
- () () () Provision is made for evaluation of volunteer's job performance.
- () () () Program has provision for recognition and appreciation of volunteers.

VI. COMMENTS/CONCERNS _____

Attach an additional sheet if needed

VII. PROGRAM DIRECTOR'S COMMENTS _____

VIII. Continued by () DSS-6215 (____ # of forms)

IX. Signatures:

Coordinator	Date	Program Director	Date
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Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes, No, or N/A* (not applicable). If no, provide explanation.